



MEDI-CAL UPDATE

Part 2

Billing and Policy

www.medi-cal.ca.gov

Outpatient Services • Adult Day Health Care Centers

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Contents

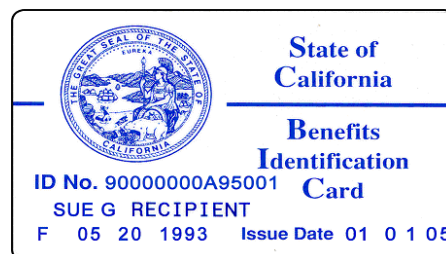
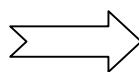
Medi-Cal Training Seminars

Implementation Delay: New Billing
Requirements Prohibit Social
Security Numbers 1

Implementation Delay: New Billing Requirements Prohibit Social Security Numbers

Implementation of the new billing requirements that prohibit most providers from billing Medi-Cal or the Child Health and Disability Prevention (CHDP) program using a recipient's Social Security Number (SSN) will be delayed until further notice. This delay will allow the California Department of Health Services (CDHS) to conduct further outreach to recipients and providers. A notice will be mailed to recipients reminding them of the importance of taking their Benefits Identification Card (BIC) with them when they need services from Medi-Cal providers.

All providers are encouraged to use the 14-character Medi-Cal identification number from the recipient's BIC or paper ID card when submitting claims. The ID number is located on the front of the card and consists of a 9-digit Client Index Number (CIN), a Check Digit and a 4-digit Issue Date.



Instructions for Entering BIC IDs on Claim Forms

Instructions for entering the required 14-character BIC ID number on claim forms are found on the following provider manual pages:

| Form Name | Provider Manual Section, Page |
|---|-------------------------------|
| <i>Appeal Form (90-1)</i> | <u>appeal form</u> , page 5 |
| <i>Claims Inquiry Form (CIF)</i> | <u>cif co</u> , page 8 |
| <i>Resubmission Turnaround Document (RTD) (Form 65-1)</i> | <u>resub comp</u> , page 4 |
| <i>UB-92 Claim Form (Inpatient)</i> | <u>ub comp ip</u> , page 25 |
| <i>UB-92 Claim Form (Outpatient)</i> | <u>ub comp op</u> , page 26 |

The issue date is used to deactivate cards that have been reported as lost or stolen.

Please see Implementation Delay, page 2

Implementation Delay (*continued*)

Providers should instruct recipients who do not have a valid BIC or paper ID card, or who need to report a lost or stolen BIC, as follows:

- Supplemental Security Income and State Supplementary Payment Program (SSI/SSP) and Medi-Cal recipients should contact their county welfare office.
- County Medical Services Program (CMSP) recipients should contact their local CMSP worker.
- California Children's Services (CCS) or Genetically Handicapped Persons Program (GHPP) recipients should contact their local county CCS office or the state GHPP office.

Providers are required to make a good faith effort to obtain the recipient's BIC information. A good faith effort means that the provider attempts to obtain the BIC information from the recipient at the time the service is provided and makes a subsequent attempt to obtain the BIC or other appropriate documentation from the recipient.

Implementation Delay – Eligibility Verification Changes

Changes to prevent providers from using a recipient's SSN for eligibility verification will be delayed until after the new billing requirements have been implemented.

Use of Social Security Numbers

CDHS recognizes the importance of protecting the identity and the health information of recipients and strongly encourages all providers to avoid using a recipient's SSN whenever possible. This includes avoiding the use of the SSN for the purposes of eligibility verification, submission of *Treatment Authorization Requests* (TARs) and administrative billing.

Protecting Health and Identity Information/Mailing Paper Claims and Forms

Providers are reminded of the importance to protect the identity and health information of recipients.

Hard copy Medi-Cal claim forms contain Protected Health Information (PHI). To protect the confidentiality and privacy of Medi-Cal recipients, it is important to submit these forms to the appropriate address. Below is a list of mailing addresses for each form. If you have any questions, please contact the Telephone Service Center (TSC) at 1-800-541-5555.

Appeal Form (90-1)

Attn: Appeals Unit
EDS
P.O. Box 15300
Sacramento, CA 95851-1300

UB-92 Claim Form (inpatient claims)

EDS
P.O. Box 15500
Sacramento, CA 95852-1500

Claims Inquiry Form (CIF)

EDS
P.O. Box 15300
Sacramento, CA 95851-1300

UB-92 Claim Form (outpatient claims)

EDS
P.O. Box 15600
Sacramento, CA 95852-1600

Resubmission Turnaround Document (RTD) (65-1)

EDS
P.O. Box 15200
Sacramento, CA 95851-1200

Please see future *Medi-Cal Updates* for more information.

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Remove and replace: ihs moa cd 1/2 *
 rural cd 1/2 *